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CONFIRMATION NO. 5006

<b>SERIAL NUMBER</b> 09/830,264	<b>FILING OR 371(c) DATE</b> 04/23/2001 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 71100	
<b>APPLICANTS</b> Avi Kopelman, Tel Aviv, ISRAEL; Eldad Taub, Reut, ISRAEL; <b>** CONTINUING DATA *****</b> This application is a CON of PCT/IL99/00577 11/01/1999 <b>** FOREIGN APPLICATIONS *****</b> ISRAEL 126838 11/01/1998 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 09/20/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Gary M. Nath NATH & ASSOCIATES PLLC 1030 15TH STREET, N.W. 6TH FLOOR WASHINGTON ,DC 20005					
<b>TITLE</b> DENTAL IMAGE PROCESSING METHOD AND SYSTEM					
<b>FILING FEE RECEIVED</b> 708	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		